

**2011-2012 Before & After School Program  
Wooster High School  
REGISTRATION FORM**

Student Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Child's Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade this year \_\_\_\_\_

Additional people authorized to pick up my child and to be considered emergency contacts if parents/guardians cannot be reached.

	Name	Phone Number
1.		
2.		

I plan to use the program (check all that apply)

\_\_\_\_ In the morning (7-7:30am)      \_\_\_\_ In the afternoon (2:30 -5:00pm)

\_\_\_\_ My child has permission to participate fully in the activities of the Before and/or After School program. I understand that I will be notified in advance of any field trips. I also waive any liability to Wooster City Schools and any staff associated with the 21<sup>st</sup> Century Community Learning Center while participating in these activities and field trips. I give permission for my child to be transported by bus for field trips for which I have given prior permission. I understand that it is my responsibility to transport my child to and from the Before & After School Program and my home and give permission for my child to be transported by a transportation company home from the program. I also understand that information on emergency medical forms currently on file in the WHS office will be used if any medical treatment needs provided.

\_\_\_\_ I give permission for my child to be photographed while participating in the program for the purpose of publicity (news articles, newsletters, media productions).

\_\_\_\_ My child has permission to have snacks in the afternoon and breakfast in the morning. Please list any medical problems, food allergies or non-food allergies below:

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Parent/ Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete a separate registration form for each child.*  
*Questions, call Wooster High School (330)345-4000 or Matt Knight at (330)345-4000 ext. 3164*